

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36607

FILED NOV 4 1957

Registration District No. 200 Primary Registration District No. 5723 Registrar's No. 173

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Macon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>College Mound</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>College Mound</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>College Mound</u>				Length of stay in 1b <u>Yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>College Mound</u>	
3. NAME OF DECEASED (Type or print) First <u>Ora</u> Middle <u>Franklin</u> Last <u>Baker</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>15</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Apr. 20, 1883</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		100. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>G.W. Baker</u>				14. MOTHER'S MAIDEN NAME <u>Minerva Parsons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT Address <u>Mrs. Gwen Baker College Mound, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Congestive Heart Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u> DUE TO (c) <u>Chronic Myocarditis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) . . . <u>4222</u>							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>—</u> a. m. <u>—</u> p. m. <u>—</u>				20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20f. CITY, TOWN, OR LOCATION <u>College Mound</u>			
20g. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20h. COUNTY <u>Macon</u>			
20i. STATE <u>Mo.</u>				20j. CITY, TOWN, OR LOCATION <u>College Mound</u>			
21. I attended the deceased from <u>May 7, 1956</u> to <u>Oct 15, 1957</u> and last saw <u>him</u> alive on <u>Oct 15, 1957</u> . Death occurred at <u>10:35 P. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M. C. Exley D.O.</u> (Degree or title)				22b. ADDRESS <u>Huntersville, Mo.</u>			
22c. DATE SIGNED <u>10-18-57</u>				22d. ADDRESS <u>College Mound</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 18, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>College Mound Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>College Mound Mo.</u>	
24. FUNERAL DIRECTOR <u>Lester Hutton</u> Address <u>Macon, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10/20/57</u>		26. REGISTRAR'S SIGNATURE <u>Cuth McNeely</u>	

(Licensed Embalmer's Statement on Reverse Side)

County File No. _____
Date Filed 10.28.17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.